



# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

pplicants:

Donna L. Robinson

Docket No.: S-100,543

Serial No.:

10/656,358

Examiner: B. J. Forman

Filed

September 04, 2003

Art Unit:

1634

For

IMPROVED METHODS FOR SEQUENCING GC-RICH AND

**CCT REPEAT DNA TEMPLATES** 

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

# **TRANSMITTAL**

Transmitted with this mailing are the following documents for submission in the above-identified patent application:

1. Fee Transmittal;

2. Amendment

3. Declaration of Donna L. Robinson

Respectfully submitted,

Date:

Reg. No. 35,355

Phone: (505) 667-0304

Kenneth K. Sharples

Los Alamos National Laboratory,

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Fee Paid



TRANSMITTAL

For FY 2006

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT: \$60.00** 

Complete if Known			
Application Number:	10/656,358		
Filing Date:	9/4/2003		
First Named Inventor:	Donna L. Robinson		
Examiner Name:	B. J. Forman		
Group/Art Unit:	1634		
Attorney Docket No.:	S-100,543		

#### METHOD OF PAYMENT (check all that apply)

1. 

The commissioner is hereby authorized to charge indicated fees and credit any over payments to: 12-2150 Deposit Account Number: Deposit Account Name: Los Alamos National Laboratory

 □ Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17

#### **FEE CALCULATION**

## 1. COMBINED FILING FEE

Large Entity Small Entity

Fee	Fee	Fee Description	Fee Paid
1001 \$300	2001 \$150	Basic Filing fee	\$0.00
1004 \$300	2004 \$150	Reissue Filing fee	\$
1111 \$500	2111 \$250	Search Fee	\$0.00
1311 \$200	2311 \$100	Examination Fee	\$0.00
1005 \$200	2005 \$100	Provisional Filing F	ee
1085 \$250	2085 \$125	Provisional Size F	ee
		sheets that exceeds 100	sheets)

## SUBTOTAL (1) \$00.00

#### EXTRA CLAIM FEES/APPLICATION SIZE FEE Fee from Fee Paid Extra

Below Claims -20\*\* = **Total Claims** \$

Independent Claims Multiple Dependent X 180 = \$

\*\* or number previously paid, if greater; For Reissues, see below

Large	Small
Entity	Entity
Litary	Linking

Fee **Fee Description** Fee

1202 \$50 2202 \$25 Claims in excess of 20 Independent claims in excess of 3 1201 \$200 2201 \$100 1203 \$360 2203 \$180 Multiple dependent claim, if not paid. Reissue independent claims in

1204 \$200 2204 \$100

excess of 3 over original patent 1205 \$50 2205 \$25 Reissue claims in excess of 20

over original patent Total Claims Fee \$\_

### APPLICATION SIZE FEE

1081 \$250 2081 \$125.00 For each additional 50 sheets

Size Fee here)

that exceed 100 sheets. including specification and drawings

SUBTOTAL (2) \$ (Include total of Claims Fees and

## 3. ADDITIONAL FEES

Large **Entity Entity** Fee Fee Fee Fee

<u>Code (\$)</u> Code (\$) 1051 \$130 2051 \$65 Fee Description

FEE CALCULATION (continued)

Surcharge - late filing fee or oath

Surcharge - late provisional filing fee or cover sheet 1052 \$50 2052 \$25

1812 \$25201812 \$2520 For filing a request for reexamination

\$60.00 1251 \$120 2251 \$60 Extension for reply within first month

1252 \$450 2252 \$225 Extension for reply within second month 1253 \$1020 2253 \$510 Extension for reply within third month

1254 \$1590 2254 \$795 Extension for reply within fourth month

1255 \$2160 2255 \$1080 Extension for reply within fifth month

1401 \$500 2401 \$250 Notice of Appeal

Filing a brief in support of an appeal 1402 \$500 2402 \$250

1403 \$1000 2403 \$500 Request for oral hearing

Petition to revive - unavoidable 1452 \$500 2452 \$250

**Terminal Disclaimer** 1814 **\$110** 2814 **\$55** 

Petition to revive - unintentional 1453 \$1500 2453 \$750

1460 \$130 1460 \$130 Petitions to the Director Submission of Information Disclosure Statement 1806 \$180 1806 \$180

1809 \$790 2809 \$395 Filing a submission after final rejection

(37 ČFR 1.129 (a))

1810 \$790 2810 \$395 For each additional invention to be examined (37 CFR 1.129(b))

Certificate of Correction 1811 **\$100** 1811 **\$100** 

1504 \$300 1504 \$300 Publication fee for early, voluntary,

or normal publication/Republication fee

Request for Continued Examination (RCE) 1801 \$790 2801 \$395

### SUBTOTAL (3)

Reduced by Basic Filing Fee Paid

Other fee (specify)

**SUBTOTAL FROM 1** \$-0-\$-0-**SUBTOTAL FROM 2** \$60.00 **SUBTOTAL FROM 3** 

TOTAL AMOUNT OF PAYMENT

\$60.00

(Enter total amount at top of page)

SUBMITTED BY			Complete (if applicable)	
Printed Name:	Samuel L. Borkowsky		Reg. No.	42,346
Signature:	Samuel 4. Bokensh	Date: 9/12/06	Telephone	(505) 665-3111

09/14<del>/2006 RFE</del>KADU1 00000077 122150 10656358